quality medical treatment at a cost much lower than that of other countries in areas like cardiology, ophthalmology, pathology, Indian systems of medicine, etc.;

(b) if so, the reasons for not maintaining it;

(c) whether it can think of maintaining a centralized record in co-ordination with the Ministry of External Affairs; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) For maintaining records regarding the purpose of visit of foreign nationals to India, Ministry of Home Affairs has included a column 'medical treatment' in the revised 'Disembarkation Card' from December, 2003. The data of foreign nationals visiting India for medical treatment is now being maintained in Central Foreigners Bureau (CFB), under Intelligence Bureau, Ministry of Home Affairs.

Decentralisation of issuance of form 10 and test licences

1861. SHRI UDAY PRATAP SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is a move to decentralize the issuance of form 10 and test licences and other related approvals from the Drug Controller's office; and

(b) if so, the system in place to monitor the process and what angles were taken into consideration?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Does not arise in view of (a) above.

Expenditure on Public Healths

1862. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total amount of money spent on public health in India during

the last five years, year-wise together with their percentage in terms of G.D.P.;

(b) the reasons for their low spending compared to most of our neighbouring countries;

(c) whether there is any proposal to increase the amount in the current year's budget;

(d) if so, the details thereof; and

(e) the steps proposed to attain the goal of "Health for AH" laid down in the latest National Health Policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The total amount spent by Central and State Governments on public health was estimated for the year 1999-2000 at Rs. 16620.89 crore. However, this expenditure as a percentage of GDP according to WHO Report 2004 — 'Changing History', has remained stagnant in the vicinity of around 0.9 during the period 1997-2001.

(b) Spending on public health in the country is subject to competing sectoral priorities and overall budgetary constraints. However, the National Common Minimum Programme lays emphasis on increasing public health expenditure to 2-3% of GDP over the next five years.

(c) and (d) There is a proposal to increase the budget on health and family welfare from Rs. 7668 crore in 2003-04 to Rs. 8485 crores during 2004-05.

(e) Health for All continues to be the overall objective. of the Government's Health Policy. The National Health Policy—2002 also attempts to maximize the broad based availability of health services to the citizens of this country. To attain this, various steps including *inter-alia* raising the financial resources for health; increasing share of primary health care; gradual convergence of public health programmes; decentralization of implementation of public health programmes to local bodies; improvement of public health infrastructure; private sector participation in all areas of health activities; and rigorous enforcement of two year rural posting before the awarding of graduate degrees; have been proposed in the latest National Health Policy.